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Notice of Independent Review Decision

May 16, 2014  
Amended May 16, 2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Physical therapy 36 visits with modalities of 97140, 97110, 97530, 97018, 97032

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR  
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Fellow American Academy of Physical Medicine and Rehabilitation

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

On, was seen for right hand injury. X-rays of the right forearm revealed acute comminuted fracture of the distal radial shaft, healed distal radial metaphyseal fracture and healed fifth metacarpal fracture and prior open reduction internal fixation (ORIF) of the proximal ulna and olecranon. prescribed hydrocodone/acetaminophen and sent the patient for orthopedic referral.

On February 5, 2014, reported history was significant for right limb injuries in xxxx and xxxx with displaced fracture of the wrist treated non-operatively and healed with some shortening with resultant limited motion in the wrist, especially with rotation and occasional discomfort and he suffered a superior fracture of the ulna on the same side requiring ORIF. Since the last surgery, the patient complained of little bit of tingling in his fingers and some diffuse mild tingling in the fingers

since the re-injury. obtained radiographs which showed segmental long spiral oblique fracture of the radius extending from the metaphyseal/diaphyseal junction distally to the midshaft of the ulnar proximally. There was significant radial shortening with ulnar plus variance of 14 mm. An old metaphyseal fracture of the distal radius was noted with decrease of radial tilt to 0 and about 15 degree dorsal tilt on the lateral view. Proximal ulna showed a long plate and screws spanning the proximal ulna. Degenerative changes were noted in the radial head. On February 7, 2014, performed ORIF of diaphyseal fracture of radius right forearm.

Following the surgery, treated the patient with a wrist brace, sling and off work through April 2, 2014. The patient was noted to be doing well and was begun on range of motion exercises on March 5, 2014. On March 26, 2014, recommended occupational therapy (OT) evaluation and treatment.

On April 8, 2014, OT evaluation was performed recommending OT three times a week for 10-12 weeks with modalities of passive range of motion, fluidotherapy, electrical stimulation, paraffin, and heat/ice. The goal was for the patient to be able to eventually use a drill, electrical tools, hammer drilling, jack hammer for floor drains and heater equipments.

On April 11, 2014, gave adverse determination to 36 physical therapy for the right wrist with CPT codes 97140 (manual therapy), 97110 (therapeutic exercises), 97530 (therapeutic activities), 97018 (paraffin bath therapy) and 97032 (electrical stimulation) stating reason as follows: *The Official Disability Guidelines under Forearm, Wrist and Hand Chapter recommended 16 visits of PT over 8 weeks for the treatment of Fracture of radius/ulna (forearm). Regarding modalities, The Official Disability Guidelines states "The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. The most commonly used active treatment modality is Therapeutic exercises (97110), however, other active therapies may be recommended as well, including Neuromuscular reeducation (97112), Manual therapy (97140), and Therapeutic activities/exercises (97530)."*

On April 16, 2014, reported PT was denied and the patient was doing a few exercises at home. He reported some weakness and only mild discomfort. recommended some therapy and a home exercise program in lieu of that and placed the patient on light duty work through May 7, 2014.

On April 17, 2014, requested for reconsideration (appeal) of the adverse determination.

On April 21, 2014, non-certified the request stating: *The Official Disability Guidelines under Forearm, Wrist and Hand Chapter recommended 16 visits of PT over 8 weeks for the treatment of Fracture of radius/ulna (forearm). There is no documentation that the patient has had any prior therapy to this request; however, the request for 36 visits is in excess of the guideline recommendations. The patient had range of motion documented with limitation of flexion, extension and pronator supination as well as some diminished grip and pinch strength.*

*Regarding modalities, The Official Disability Guidelines states “The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. The most commonly used active treatment modality is Therapeutic exercises (97110), however, other active therapies may be recommended as well, including Neuromuscular reeducation (97112), Manual therapy (97140), and Therapeutic activities/exercises (97530).”*

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

Based on the medical records received the request is for thirty-six physical therapy visits and although this treatment modality is reasonable the number of visits is not. The Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter recommends sixteen visits over eight weeks and the request exceeds the recommendation. In addition, ODG states “The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. The most commonly used active treatment modality is Therapeutic exercises (97110), however, other active therapies may be recommended as well, including Neuromuscular reeducation (97112), Manual therapy (97140), and Therapeutic activities/exercises (97530)”. Therefore, the decision of non approval is upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**